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**PATENT NUMBER**

# U.S. UTILITY PATENT APPLICATION

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SCANNED

**O.I.P.E.**

**PATENT DATE**

**Q.A.**

APPLICATION NO. 09/933710	CONT/PRIOR D E	CLASS 600	SUBCLASS 476	ART UNIT 3737	EXAMINER Shaw
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TITLE	APPLICANTS
1. <b>Chairman</b>	1. <b>Mr. J. H. ...</b>
2. <b>Vice Chairman</b>	2. <b>Mr. J. H. ...</b>
3. <b>Secretary</b>	3. <b>Mr. J. H. ...</b>
4. <b>Treasurer</b>	4. <b>Mr. J. H. ...</b>
5. <b>Member</b>	5. <b>Mr. J. H. ...</b>
6. <b>Member</b>	6. <b>Mr. J. H. ...</b>
7. <b>Member</b>	7. <b>Mr. J. H. ...</b>
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94. <b>Member</b>	94. <b>Mr. J. H. ...</b>
95. <b>Member</b>	95. <b>Mr. J.</b>

Shigeaki Ono

Blood flow measuring apparatus

PTO-2040  
12/89

**PREPARED AND APPROVED FOR ISSUE**

## ISSUING CLASSIFICATION

ORIGINAL					CROSS REFERENCE(S)					
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
INTERNATIONAL CLASSIFICATION										

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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>	
				Amount Due	Date Paid
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